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**Notice of Intent (NOI) for Stormwater Discharges from Large and Small Construction Activities**  
**NPDES General Permit SCR100000**

**DHEC-OCRM**  
**CHARLESTON OFFICE**

**For official use only**

File number: 18-08-10-02  
 Permit number: SCR105049  
 Submittal package complete: 10-21-2008  
 Public Notice Start Date (OCRM only): 10-24-08

**For official use only**

Submission of an NOI constitutes notice that the entity identified in Section I intends to be authorized under SCR100000. Instructions on page 5.

**Date:** 10/07/2008

**Project/ Site Name:** Pilot Travel Center

**County:** Dorchester

Do you want this project to be considered for the Expedited Review Program (ERP)? ☐ Yes ☒ No (See instructions.)  
 If yes, is the design of this project above regulatory requirements or Low Impact Development? ☐ Yes ☐ No

**I. Project Information**

Project Owner/ Operator (Company or person): Pilot Travel Centers, LLC  
 Company EIN: [redacted] Phone: 865-588-7488 Fax: 865-297-0072  
 Mailing Address: 5508 Lonas Road City: Knoxville State: TN Zip: 37909  
 Permit Contact (if owner is company): Aaron Dickenson Phone: 865-588-7488  
 Mailing Address: 5508 Lonas Road City: Knoxville State: TN Zip: 37909  
 Email address (optional): aaron.dickenson@pilottravelcenter.com

**II. Property Information**

A. Site Location (street address, nearest intersection, etc.): Corner of West Jim Bilton Blvd and Doyle St.  
 City/ Town (if in limits): St. George Latitude: 33° 16' 40" N Longitude: -80° 36' 9" W  
 Tax map # (list all): 044-00-00-161  
 B. Property Owner: Pilot Travel Centers, LLC Phone: 865-588-7488  
 Mailing Address: 5508 Lonas Road City: Knoxville State: TN Zip: 37909

**III. Site Information**

A. Disturbed area (to the nearest tenth of an acre): 12.7 acres Total area: 30 acres  
 B. Is this project part of a Larger Common Plan for Development or Sale (LCP)? ☐ Yes ☒ No  
 LCP/ Overall Development Name: \_\_\_\_\_ Check here if this is the first phase. ☐  
 Previous state permit/ file number: \_\_\_\_\_ Previous NPDES coverage number: SCR10 ☐ ☐ ☐ ☐  
 C. Start Date (MM/DD/YYYY): 01/12/2009 Completion Date: 01/12/2010  
 D. Is this site located on Indian Lands? ☐ Yes ☒ No If yes, name of reservation: \_\_\_\_\_  
 E. Type of Activity (check one):  
☐ Institutional ☐ Residential: Single-family ☒ Commercial ☐ Industrial  
☐ Linear ☐ Residential: Multi-family ☐ Multi-use (Commercial & Residential) ☐ Other:  
☐ Site Preparation (No new impervious)  
 F. Are there any flooding problems downstream of or adjacent to this site? ☐ Yes ☒ No  
 G. Has S.C. DHEC issued a Notice to Comply or Notice of Violation for this site or LCP? ☐ Yes ☒ No  
 H. Is any part of the property located inside an MS4 or urbanized area? ☐ Yes ☒ No  
 If yes, list the MS4 operator or urbanized area name: \_\_\_\_\_  
 I. List all state and federal environmental permits or approvals applied for or obtained for this site (e.g., RCRA).  
N/A

**IV. Waterbody Information**

A. Nearest receiving waterbody(s) [RWB]: Polk Swamp Distance to nearest RWB (feet): 4,500  
 Classification of nearest RWB: FW Next/Nearest named RWB: Edisto River

B. 1. Waters of the U.S./ State	On the site?	Delineated/ Identified?	Impacts?	Amount of impacts
a. Jurisdictional wetlands	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____ Ac
b. Non-jurisdictional wetlands	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>0.100</u> Ac
c. Other Water(s) List:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Ac _____ Feet

2. If yes for impacts in B.1, describe each impact and activity, and list all permits (e.g., USACOE Nationwide permit, DHEC General Permit) and certifications that have been applied for or obtained for each impact.  
USACOE Nationwide Permit

**C. Impaired Waterbodies** (See instructions.)

OCT 21 2008

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List the nearest DHEC water quality monitoring station(s) [WQMS(s)] to which construction stormwater (SW) discharges will drain and the corresponding waterbody(s). **E-016**

1. Is this WQMS(s) listed on the most current 303(d) List for Impaired Waters? ☒ Yes ☐ No
  - a. If yes for 1, list the impairment(s). FC
  - b. If yes for 1, will the site's construction SW discharges contain any pollutant(s) causing the impairment(s)? ☐ Yes ☒ No
  - c. If yes for b, list the impairment(s) affected by the pollutant(s) referenced in b. \_\_\_\_\_
  - d. If yes for b, will use of the proposed BMPs ensure that the site's discharges will not contribute to or cause further water quality standard violations for the impairment(s) listed in c? ☐ Yes ☒ No
2. Has a TMDL(s) been developed for this WQMS(s)? ☒ Yes ☐ No
  - a. If yes for 2, list the impairment(s). Fecal Coliform
  - b. If yes for 2, has the standard been attained for all impairment(s)? ☒ Yes ☐ No
  - c. If no for b, will the site's construction SW discharges contain any pollutant(s) causing the impairment(s)? ☐ Yes ☒ No
  - d. If yes for c, are your discharges consistent with the assumptions and requirements of the TMDL(s)? ☐ Yes ☒ No

**D. 1. Are S.C. Navigable Waters (SCNW) on the site?** ☐ Yes ☒ No

- a. If yes, list the name of the SCNW: \_\_\_\_\_
- b. Will any construction activities cross over or occur in, under, or through the SCNW? ☐ Yes ☒ No
- c. If yes for b, then describe activities. \_\_\_\_\_
- d. If yes for b, are the activities in SCNW covered under a DHEC General Permit or other DHEC permit? ☐ Yes ☒ No
- e. If no for d, has an SCNW permit been applied for or issued for the site? ☐ Yes, for all activities ☐ Yes, for some activities ☒ No
- f. If yes for d or e, list permit number(s) and corresponding activities. \_\_\_\_\_

**V. Operator Information**

- A. SWPPP Preparer: Anthony J. Magliacane S.C. Registration #: 23149  
 Company/ Firm: CRG Engineering, Inc S.C. COA #: 02508  
 Mailing Address: 3801 West Montague Ave City: North Charleston State: SC Zip: 29418  
 Phone: (Day) 843-266-0700 (Mobile) \_\_\_\_\_ (Fax) 843-266-0701  
 Email address (optional): amagliacane@craeng.com
- B. Operator of Day-to-Day Site Activities [ODSA] (Company or person): Aaron Dickenson  
 Mailing Address: 5508 Lonas Road City: Knoxville State: TN Zip: 37909  
 Phone: 865-588-7488 Fax: 865-297-0072  
 Site Contact (if ODSA is company): \_\_\_\_\_ Phone: \_\_\_\_\_

**VI. Signatures and Certifications: DO NOT SIGN IN BLACK INK!**

- A. One copy of the SWPPP, all specifications and supporting calculations, forms, and reports are herewith submitted and made a part of this application. I have placed my signature and seal on the design documents submitted signifying that I accept responsibility for the design of the system. Further, I certify to the best of my knowledge and belief that the design is consistent with the requirements of Title 48, Chapter 14 of the Code of Laws of SC, 1976 as amended, pursuant to Regulation 72-300 et seq., and in accordance with the terms and conditions of SCR100000. (This should be person identified in Section V.A.)  
 Check one. ☒ Engineer ☐ Tier B Surveyor ☐ Landscape Architect

\_\_\_\_\_  
 Anthony J. Magliacane  
 Printed name of SWPPP Preparer

\_\_\_\_\_  
 Signature of SWPPP Preparer

\_\_\_\_\_  
 23149  
 S.C. Registration #

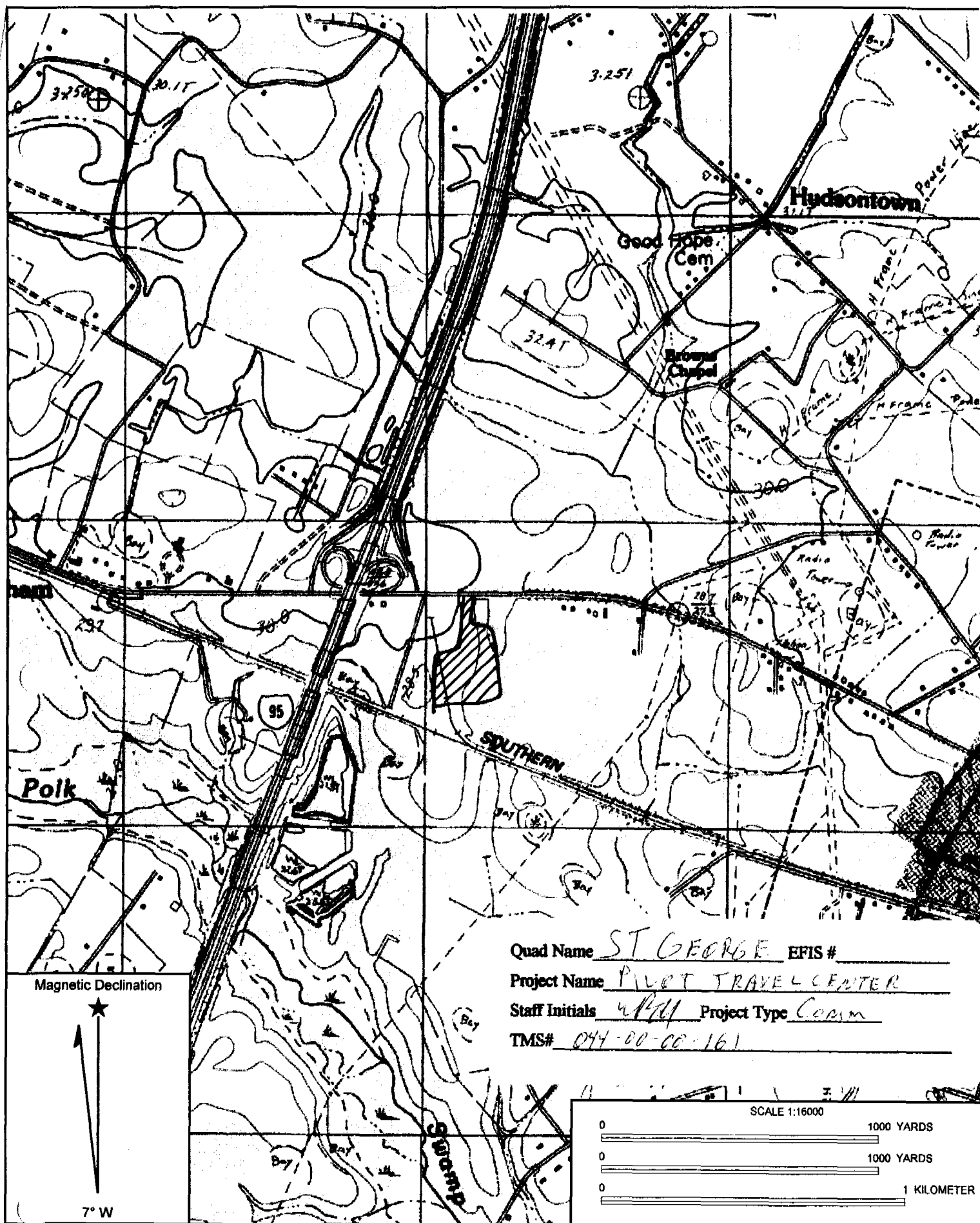
- B. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I hereby certify that all land-disturbing construction and associated activity pertaining to this site shall be accomplished pursuant to and in keeping with the terms and conditions of the approved plans and SCR100000. I also certify that a responsible person will be assigned to the project for day-to-day control. I hereby grant authorization to the to S.C. Department of Health and Environmental Control (DHEC) and/or the local implementing agency the right of access to the site at all times for the purpose of on site inspections during the course of construction and to perform maintenance inspections following the completion of the land-disturbing activity. (See Section 122.22 of S.C. Reg. 61-9 for signatory authority information.)

\_\_\_\_\_  
 Aaron Dickenson  
 Printed name of Project Owner/Operator

\_\_\_\_\_  
 Signature of Project Owner/Operator

\_\_\_\_\_  
 10/13/08  
 Date



Quad Name ST GEORGE EFIS # \_\_\_\_\_  
 Project Name PILOT TRAVEL CENTER  
 Staff Initials WPM Project Type Comm  
 TMS# 044-00-00-161

Name: ST GEORGE  
 Date: 8/13/2008  
 Scale: 1 inch equals 1333 feet

Location: 033° 11' 38.87" N 080° 36' 00.86" W NAD 27  
 Caption: USGS TOPOQUAD

